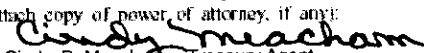


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>Florida</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Debit Corporation of America, Inc</b>		Case Number <b>04-14360</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FEDERAL EXPRESS CORPORATION</b>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> COUNTY OF DISTRICT OF FLA.  JUN 24 04  FILED </div>
Name and address where notices should be sent: <b>FEDERAL EXPRESS CORPORATION</b> <b>ATTN: REVENUE RECOVERY/BANKRUPTCY</b> <b>2005 CORPORATE AVENUE, 2nd FLOOR</b> <b>MEMPHIS, TN 38132</b> Telephone number: (901) 395-7350		
Account or other number by which creditor identifies debtor: <b>271735766</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed: \$ 34,035.19</b> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>6. Unsecured Nonpriority Claim \$34,035.19</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY  <div style="font-size: 2em; font-family: cursive;"> 48  JTB </div>
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date <b>6/22/04</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">   Cindy D. Meacham, Treasury Agent  <b>FEDERAL EXPRESS</b> </div>	

Federal Express Corporation		STATEMENT OF ACCOUNT	
FILE NAME:	Debit Corporation of America,	6/22/04	
CASE #:	04-14360	FILE DATE:	5/13/04
CHAPTER:	7	STATE/DIST.:	Florida / Southern

Master Account	Account Number	Invoice Number	Invoice Date	Invoice Amount
271735766				
	266488785	1-515-13782	12/30/03	\$1,256.96
	266488785	1-515-46559	1/6/04	\$1,094.66
	266488785	1-515-82179	1/13/04	\$887.47
	266488785	1-564-24752	1/21/04	\$2,259.89
	266488785	1-564-68422	1/27/04	\$220.58
	266488785	1-565-25453	2/3/04	\$2,470.73
	266488785	1-565-82228	2/10/04	\$3,625.27
	266488785	1-608-41571	2/17/04	\$3,196.90
	266488785	1-609-02079	2/24/04	\$1,329.73
	266488785	1-609-60696	3/3/04	\$448.61
	266488785	1-656-22359	3/10/04	\$672.98
	266488785	1-656-81286	3/16/04	\$327.86
	266488785	1-657-40921	3/23/04	\$191.53
	266488785	1-657-98415	3/31/04	\$17.89
	266488785	1-657-98020	3/31/04	\$23.19
	266488785	1-657-98219	3/31/04	\$95.69
	266488785	1-705-16896	4/13/04	\$75.54
	266488785	1-705-78745	4/20/04	\$46.32
	266488785	1-754-35177	4/27/04	\$10.00
	266488785	1-754-93814	5/4/04	\$38.24
		<b>Account Total:</b>		<b>\$18,290.04</b>
	271735766	1-512-76684	12/24/03	\$3.00
	271735766	1-513-19795	12/30/03	\$28.02
	271735766	1-513-12948	12/30/03	\$1,258.32
	271735766	1-513-47984	1/6/04	\$50.31
	271735766	1-513-45631	1/6/04	\$1,878.63
	271735766	1-513-80930	1/13/04	\$2,079.56
	271735766	1-562-30371	1/20/04	\$51.73
	271735766	1-562-23491	1/21/04	\$1,674.50
	271735766	1-562-66536	1/27/04	\$1,899.92
	271735766	1-563-20665	2/3/04	\$1,729.61
	271735766	1-563-32906	2/3/04	\$136.08

Federal Express Corporation		STATEMENT OF ACCOUNT	
FILE NAME:	Debit Corporation of America,	6/22/04	
CASE #:	04-14360	FILE DATE:	5/13/04
CHAPTER:	7	STATE/DIST.:	Florida / Southern

Master Account	Account Number	Invoice Number	Invoice Date	Invoice Amount
	271735766	1-563-76518	2/10/04	\$676.74
	271735766	1-614-35005	2/17/04	\$465.85
	271735766	1-614-91562	2/24/04	\$147.53
	271735766	1-615-49123	3/3/04	\$1,482.45
	271735766	1-615-81014	3/4/04	\$48.31
	271735766	1-662-08806	3/9/04	\$428.01
	271735766	1-662-07328	3/10/04	\$1,108.75
	271735766	1-662-63829	3/16/04	\$59.30
	271735766	1-663-34635	3/23/04	\$44.72
	271735766	1-663-21085	3/23/04	\$57.37
	271735766	1-710-35426	4/6/04	\$58.22
	271735766	1-710-97941	4/13/04	\$197.91
	271735766	1-758-66854	5/4/04	\$18.24
	271735766	1-758-80060	5/4/04	\$125.55
	271735766	1-759-83568	5/18/04	\$27.15
		<b>Account Total:</b>		<b>\$15,735.78</b>
	273744320	1-566-22162	1/21/04	\$9.37
		<b>Account Total:</b>		<b>\$9.37</b>
		<b>Grand Total:</b>		<b>\$34,035.19</b>
		<b>GRAND TOTAL:</b>		<b>\$34,035.19</b>